		UNITED STATE	ES DISTRICT C	COURT
			for the	APR 0 9 2024
		I	Division	Clerk, U.S. Courts District of Montana Helena Division
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V- Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)) Case No.)))) Jury Trial: (ch	(to be filled in by the Clerk's Office) eck one) X Yes No	
		COMPLAINT	FOR A CIVIL CA	SE
I.	The I	Parties to This Complaint		
	A.	The Plaintiff(s)		
Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.				omplaint. Attach additional pages if
		Name	ason Michae	Hoover
			3110 M.	

B. The Defendant(s)

City and County State and Zip Code Telephone Number

E-mail Address

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

ssoula, Missoula County

Defendant No. 1	
Name Act Fast Bail LLC.	1
Job or Title (if known) Private company	
Street Address P.O. Box 4462	
City and County Butte, Silver Bow Cou	ntu
State and Zip Code MT 59702	1
Telephone Number 406-498-8505	
E-mail Address (if known)	
Defendant No. 2	
Name Lacy Hubber	
Job or Title (if known) Owher	
Street Address P.O. Box 4462	
City and County Butte, Silver Bow Cov	ity
State and Zip Code MT 59702	U
Telephone Number 406 - 498 - 8505	
E-mail Address (if known)	
Defendant No. 3	
Name	
Job or Title (if known)	
Street Address	-
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
Defendant No. 4	
Name	, The state of the
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What	is the bas	sis for fe	deral court jurisdiction? (check all that apply)	
[Feder	al quest	ion Diversity of citizenship	
Fill ou	t the para	agraphs	in this section that apply to this case.	
A.	If the Basis for Jurisdiction Is a Federal Question			
В.	List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case. Cruel and unusual punishment by the Definition of whipping me and tasing me over 100 times. Resulting in Severe bodily injury. Out process violation Defendants took the law there own hands and removed my costitutinal right of due process prior to cor funishment. The defendants described me of equal protection under law If the Basis for Jurisdiction Is Diversity of Citizenship			
1. The Plaintiff(s)				
		a.	If the plaintiff is an individual	
			The plaintiff, (name)	, is a citizen of the
			State of (name)	
		b.	If the plaintiff is a corporation	
			The plaintiff, (name)	, is incorporated
			under the laws of the State of (name)	
and has its principal place of business in the State of (name) (If more than one plaintiff is named in the complaint, attach an additional same information for each additional plaintiff.)				
		age providing the		
	2. The Defendant(s)			
		a.	If the defendant is an individual	
			The defendant, (name)	, is a citizen of
			the State of (name) . C	Or is a citizen of

b.	If the defendant is a corporation	

The defendant, (name)	, is incorporated under
the laws of the State of (name)	, and has its
principal place of business in the State of (name)	
Or is incorporated under the laws of (foreign nation)	
and has its principal place of business in (name)	

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

IV.

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed. I had a Warrent out of Madison County MT. The bounty Hunters for Act Fast Buil Bond's LLC. found me in Salyer Ca. They tackled me pistol whiped the in the head and caused my head to split open I got 18 staples and they broke and Fractured my ribs and tazed me way over 100 times all over my whole body and dislocated my shoulder with my aim still hardly works. On 9-26-23 I woke up unconish at Trincty county Hostpial in Weguero'lle, CA and bas a admitted at 17:48 pm when I was
treated for maptile classeasians on the head plantole body 18 staples in the back of my though from a glock
pistol and they said they was apply to a kill me and protein electron electron deficient of the hospital to 11 the no 30052178 and they refused to take me to thumboth
Relief county juil in CA they clour me strugth through to Bozman MT on 9-27-23 and put
into custody in the gulliyton county Juil

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

- 10 years of loss income at a yearly income of \$93,60000 = \$436,00000 Mental cluress = \$100,000000
- · Physical clumages = \$2,000,000 ° ° All past medical cost = Unkown
- · All possible new medical (0st=\$1,000,000 00 Pair and suffering = 1.000,00000
- · All Legal Cost Total = \$5,036,00000

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: $04-0$	1-2024		
	Signature of Plaintiff Printed Name of Plaintiff	Jason Michael	Floorer	
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney			•
	Printed Name of Attorney			
	Bar Number			
	Name of Law Firm			
	Street Address	**.		
	State and Zip Code			
	Telephone Number			
	E-mail Address			